Code	Description	L1-05	Code	Description	L1R04
DIAGNOST	IC/PREVENTIVE		DIAGNOST	C/PREVENTIVE	
D9310	Consultation (Diagnostic Service Provided By Dentist or Physician Other Than Practitioner Providing Treatment)	0	D9310	Consultation (Diagnostic Service Provided By Dentist or Physician Other Than Practitioner Providing Treatment)	0
D9430	Office Visit for Observation (During Regularly Scheduled	0	D9430	Office Visit for Observation (During Regularly Scheduled	0
D9450	Hours) - No Other Services Performed Case Presentation, Detailed and Extensive Treatment	0	D9450	Hours) - No Other Services Performed Case Presentation, Detailed and Extensive Treatment	0
D0120	Planning Periodic Oral Evaluation	0	D0120	Planning Periodic Oral Evaluation	0
D0140	Limited Oral Evaluation - Problem Focused	0	D0140	Limited Oral Evaluation - Problem Focused	0
D0150	Comprehensive Oral Evaluation - New or Established Patient	0	D0150	Comprehensive Oral Evaluation - New or Established Patient	0
D0170	Re-evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit) X-Rays Intraoral - Complete Series (including bitewings)	0	D0170	Re-evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit) X-Rays Intraoral - Complete Series (including bitewings)	0
D0210	(Limit 1 Every 3 Years)	0	D0210	(Limit 1 Every 3 Years)	0
D0220 D0230	X-Rays Intraoral - Periapical First Film X-Rays Intraoral - Periapical Each Additional Film	0	D0220 D0230	X-Rays Intraoral - Periapical First Film X-Rays Intraoral - Periapical Each Additional Film	0
D0230	X-Rays Intraoral - Occlusal Film	0	D0230	X-Rays Intraoral - Occlusal Film	0
D0270 D0272	X-Rays (Bitewing) - Single Film X-Rays (Bitewings) - Two Films	0	D0270 D0272	X-Rays (Bitewing) - Single Film X-Rays (Bitewings) - Two Films	0
D0272	X-Rays (Bitewings) - Four Films	0	D0274	X-Rays (Bitewings) - Four Films	0
D0277 D0330	X-Rays (Bitewings, Vertical) - 7 to 8 Films X-Rays (Panoramic Film) - (Limit 1 every 3 years)	0	D0277 D0330	X-Rays (Bitewings, Vertical) - 7 to 8 Films X-Rays (Panoramic Film) - (Limit 1 every 3 years)	0
D0330 D0460	Pulp Vitality Tests	0	D0330 D0460	Pulp Vitality Tests	0
D0470	Diagnostic Casts Accession of Tissue, Gross Examination, Preparation and	0	D0470	Diagnostic Casts Accession of Tissue, Gross Examination, Preparation and	0
D0472	Transmission of Written Report Accession of Tissue, Gross and Microscopic Examination,	0	D0472	Transmission of Written Report Accession of Tissue, Gross and Microscopic Examination,	0
D0473	Preparation and Transmission of Written Report	0	D0473	Preparation and Transmission of Written Report	0
D0474	Accession of Tissue, Gross and Microscopic Examination, Including Assessment of Surgical Margins for Presence of Disease, Preparation and Transmission of Written Report	0	D0474	Accession of Tissue, Gross and Microscopic Examination, Including Assessment of Surgical Margins for Presence of Disease, Preparation and Transmission of Written Report	0
D1110	Code deleted under CDT4 2003 Prophylaxis - Adult (Limit 1 Every 6 Months)	0	D1110	Code deleted under CDT4 2003 Prophylaxis - Adult (Limit 1 Every 6 Months)	0
	(Additional Prophylaxis, In Addition to the 1 Prophylaxis	41		(Additional Prophylaxis, In Addition to the 1 Prophylaxis	50
D1120	Allowed Every 6 Months) Prophylaxis - Child (Limit 1 Every 6 Months)	0	D1120	Allowed Every 6 Months) Prophylaxis - Child (Limit 1 Every 6 Months)	0
	(Additional Prophylaxis, In Addition to the 1 Prophylaxis Allowed Every 6 Months)	30		(Additional Prophylaxis, In Addition to the 1 Prophylaxis Allowed Every 6 Months)	35
D1203	Topical Application of Fluoride - (prophylaxis not included) - Child (Up to 19th Birthday) (Limit 1 Every 6 Months)	0	D1203	Topical Application of Fluoride - (prophylaxis not included) Child (Up to 19th Birthday) (Limit 1 Every 6 Months)	0
D1330 D1351	Oral Hygiene Instructions Sealant - Per Tooth - (Up to 14th Birthday)	0 15	D1330 D1351	Oral Hygiene Instructions Sealant - Per Tooth - (Up to 14th Birthday)	0 15
D1510	Space Maintainer - Fixed - Unilateral	85	D1510	Space Maintainer - Fixed - Unilateral	85
D1515 RESTORAT	Space Maintainer - Fixed - Bilateral IVE (Fillings)	85	D1515	Space Maintainer - Fixed - Bilateral IVE (Fillings)	85
D2140	Amalgam - One Surface, Primary or Permanent	5	D2140	Amalgam - One Surface, Primary or Permanent	0
D2150 D2160	Amalgam - Two Surfaces, Primary or Permanent Amalgam - Three Surfaces, Primary or Permanent	5 10	D2150 D2160	Amalgam - Two Surfaces, Primary or Permanent Amalgam - Three Surfaces, Primary or Permanent	0
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	15	D2161	Amalgam - Four or More Surfaces, Primary or Permanent	0
D2330 D2331	Resin-Based Composite - One Surface, Anterior Resin-Based Composite - Two Surfaces, Anterior	5 10	D2330 D2331	Resin-Based Composite - One Surface, Anterior Resin-Based Composite - Two Surfaces, Anterior	0
D2332	Resin-Based Composite - Three Surfaces, Anterior	15	D2332	Resin-Based Composite - Three Surfaces, Anterior	0
D2335	Resin-Based Composite - Four or More Surfaces or Involving	75	D2335	Resin-Based Composite - Four or More Surfaces or Involving	75
D2390	Incisal Angle (Anterior) Resin-Based Composite Crown, Anterior	70	D2390	Incisal Angle (Anterior) Resin-Based Composite Crown, Anterior	75/70
D2391	Resin-Based Composite - One Surface, Posterior	35	D2391	Resin-Based Composite - One Surface, Posterior	30
D2392 D2393	Resin-Based Composite - Two Surfaces, Posterior Resin-Based Composite - Three Surfaces, Posterior	45 65	D2392 D2393	Resin-Based Composite - Two Surfaces, Posterior Resin-Based Composite - Three Surfaces, Posterior	40 55
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	85	D2394	Resin-Based Composite - Four or More Surfaces, Posterior	75
per unit (ea	ID BRIDGE All charges for crown and bridge are charged replacement or supporting tooth equals one acement limit 1every 5 years.		per unit (ea	ID BRIDGE All charges for crown and bridge are ch replacement or supporting tooth equals one accement limit 1every 5 years. Inlay - Metallic - One Surface	235
D2510	Inlay - Metallic - One Surface	335	D2510		
D2510 D2520	Inlay - Metallic - Two Surfaces	335	D2520	Inlay - Metallic - Two Surfaces	235
D2510 D2520 D2530 D2542	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces	335 335 390	D2520 D2530 D2542	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces	235 235 285
D2510 D2520 D2530 D2542 D2543	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Three Surfaces	335 335 390 390	D2520 D2530 D2542 D2543	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Three Surfaces	235 235 285 285
D2510 D2520 D2530 D2542 D2543 D2544 D2740	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Three Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate	335 335 390 390 390 415	D2520 D2530 D2542 D2543 D2544 D2740	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate	235 235 285 285 285 285 365
D2510 D2520 D2530 D2542 D2543 D2544 D2740 D2750	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal	335 335 390 390 390 415 380	D2520 D2530 D2542 D2543 D2544 D2740 D2750	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal	235 235 285 285 285 285 365 355
D2510 D2520 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Three Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal	335 335 390 390 390 415 380 335 360	D2520 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Three Surfaces Onlay - Metallic - Three Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal	235 235 285 285 285 365 355 285 345
D2510 D2520 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Three Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal	335 335 390 390 390 415 380 335 360 380	D2520 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Three Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal	235 235 285 285 285 365 355 285 345 355
D2510 D2520 D2530 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Troe Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal	335 335 390 390 390 415 380 335 360 380 335	D2520 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Troe Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal	235 235 285 285 285 365 355 285 345 355 285 345
D2510 D2520 D2530 D2542 D2542 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782 D2790	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal Crown - Full Cast High Noble Metal	335 335 390 390 390 415 380 335 360 380 380	D2520 D2530 D2542 D2543 D2544 D2544 D2750 D2751 D2752 D2780 D2781 D2782 D2790	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal Crown - 3/4 Cast Noble Metal Crown - Full Cast High Noble Metal	235 235 285 285 285 365 355 385 345 345 355 285 345
D2510 D2520 D2530 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Troe Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal	335 335 390 390 390 415 380 335 360 380 335	D2520 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Troe Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal	235 235 285 285 285 365 355 285 345 355 285 345
D2510 D2520 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782 D2790 D2791 D2792 D2910	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Three Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast Noble Metal Crown - Full Cast Noble Metal Recement Inlay	335 335 390 390 390 415 380 335 360 380 335 360 380 335	D2520 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782 D2790 D2791 D2792 D2910	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 70 - 14 Cast High Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast Predominantly Base Metal Crown - Full Cast Predominantly Base Metal Crown - Full Cast Noble Metal Recement Inlay	235 235 285 285 285 365 365 355 285 345 355 285 345 345 345 355 285
D2510 D2520 D2530 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782 D2790 D2791 D2792 D2910 D2920 D2930	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast Noble Metal	335 335 390 390 390 415 380 335 360 380 335 360 380 335 360	D2520 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782 D2782 D2790 D2791 D2792	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Three Surfaces Onlay - Metallic - Three Surfaces Onlay - Metallic - Three Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast Noble Metal	235 235 285 285 285 365 355 285 345 355 285 345 345 345 345
D2510 D2520 D2530 D2542 D2542 D2543 D2544 D2750 D2751 D2752 D2780 D2781 D2782 D2782 D2790 D2791 D2792	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast Noble Metal Crown - Full Cast Noble Metal Recement Inlay Recement Crown Prefabricated Stainless Steel Crown - Primary Tooth	335 335 390 390 415 380 335 360 380 385 360 0 0	D2520 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782 D2790 D2791 D2792 D2910 D2930	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Tore Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast Predominantly Base Metal Crown - Full Cast Noble Metal Recement Inlay Recement Crown Prefabricated Stainless Steel Crown - Primary Tooth	235 235 285 285 365 355 285 345 355 285 345 355 285 345 355 285 345 355 285
D2510 D2520 D2530 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782 D2790 D2791 D2792 D2910 D2920 D2930 D2931 D2932	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal Crown - Full Cast Noble Metal Crown - Full Cast Noble Metal Crown - Full Cast Noble Metal Recement Inlay Recement Crown Prefabricated Stainless Steel Crown - Primary Tooth Prefabricated Stainless Steel Crown - Permanent Tooth	335 335 390 390 415 380 335 360 380 335 360 0 0 85	D2520 D2530 D2542 D2543 D2544 D2544 D2750 D2751 D2752 D2780 D2781 D2782 D2790 D2791 D2792 D2910 D2920 D2931	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal Crown - Full Cast Noble Metal Crown - Full Cast Noble Metal Crown - Full Cast Noble Metal Recement Inlay Recement Crown Prefabricated Stainless Steel Crown - Primary Tooth Prefabricated Stainless Steel Crown - Permanent Tooth	235 235 285 285 285 365 355 285 345 355 285 345 355 285 345 0 0 60
D2510 D2520 D2530 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2782 D2780 D2781 D2792 D2790 D2791 D2792 D2910 D2920 D2930 D2931 D2932 D2933 D2940	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast Predominantly Base Metal Crown - Full Cast Predominantly Base Metal Crown - Full Cast Predominantly Base Metal Recement Inlay Recement Crown Prefabricated Stainless Steel Crown - Primary Tooth Prefabricated Resin Crown Prefabricated Stainless Steel Crown - Permanent Tooth Prefabricated Stainless Steel Crown with Resin Window Sedative Filling	335 335 390 390 415 380 335 360 380 335 360 0 0 0 85 85 105	D2520 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782 D2790 D2791 D2920 D2930 D2931 D2932 D2933 D2940	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast Noble Metal Crown - Full Cast Noble Metal Recement Inlay Recement Crown Prefabricated Stainless Steel Crown - Primary Tooth Prefabricated Resin Crown Prefabricated Stainless Steel Crown with Resin Window Sedative Filling	235 235 285 285 285 365 355 285 345 345 355 285 345 0 0 60 60 70
D2510 D2520 D2530 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782 D2790 D2791 D2792 D2910 D2920 D2930 D2931 D2932 D2933 D2940 D2950	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tore Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast High Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast Noble Metal Recement Inlay Recement Inlay Recement Crown Prefabricated Stainless Steel Crown - Primary Tooth Prefabricated Resin Crown Prefabricated Resin Crown Prefabricated Stainless Steel Crown with Resin Window	335 335 390 390 415 380 335 360 380 335 360 380 0 0 0 85 85 85	D2520 D2530 D2542 D2543 D2544 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782 D2790 D2791 D2792 D2910 D2930 D2931 D2932 D2933	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast Noble Metal Crown - Full Cast Noble Metal Crown - Full Cast Noble Metal Recement Inlay Recement Crown Prefabricated Stainless Steel Crown - Primary Tooth Prefabricated Resin Crown Prefabricated Stainless Steel Crown with Resin Window Sedative Filling Core Buildup, Including Any Pins	235 235 285 285 285 365 355 285 345 355 285 345 355 285 345 0 0 60 60 70
D2510 D2520 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782 D2790 D2791 D2792 D2910 D2920 D2930 D2931 D2932 D2933 D2940 D2950 D2951 D2952	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tour or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Noble Metal Crown - Porcelain Fused to Noble Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 7/4 Cast Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast Noble Metal Crown - Full Cast Noble Metal Recement Inlay Recement Inlay Recement Crown Prefabricated Stainless Steel Crown - Primary Tooth Prefabricated Stainless Steel Crown - Permanent Tooth Prefabricated Resin Crown Prefabricated Stainless Steel Crown with Resin Window Sedative Filling Core Buildup, Including Any Pins Pin Retention - Per Tooth, In Addition to Restoration Cast Post and Core, In Addition to Crown	335 335 390 390 390 415 380 335 360 380 335 360 0 0 85 85 105 130 0 90 15 135	D2520 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782 D2790 D2791 D2792 D2910 D2920 D2931 D2933 D2940 D2950 D2951 D2952	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal Crown - Orocelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast High Noble Metal Crown - Full Cast Noble Metal Recement Inlay Recement Inlay Recement Crown Prefabricated Stainless Steel Crown - Primary Tooth Prefabricated Stainless Steel Crown - Permanent Tooth Prefabricated Resin Crown Prefabricated Stainless Steel Crown with Resin Window Sedative Filling Core Buildup, Including Any Pins Pin Retention - Per Tooth, In Addition to Restoration Cast Post and Core, In Addition to Crown	235 235 285 285 285 365 355 285 345 355 285 345 0 0 60 60 60 70 130
D2510 D2520 D2520 D2530 D2542 D2543 D2544 D2740 D2750 D2751 D2752 D2780 D2781 D2782 D2790 D2791 D2792 D2910 D2920 D2930 D2931 D2932 D2933 D2940 D2950 D2951	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tour or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Noble Metal Crown - Porcelain Fused to Noble Metal Crown - Orcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast High Noble Metal Crown - Sull Cast Noble Metal Crown - Full Cast High Noble Metal Crown - Full Cast Noble Metal Crown - Full Cast Noble Metal Recement Inlay Recement Inlay Recement Crown Prefabricated Stainless Steel Crown - Primary Tooth Prefabricated Stainless Steel Crown - Permanent Tooth Prefabricated Resin Crown Prefabricated Stainless Steel Crown with Resin Window Sedative Filling Core Buildup, Including Any Pins Pin Retention - Per Tooth, In Addition to Restoration	335 335 390 390 415 380 335 360 380 335 360 380 335 360 0 0 85 85 105 130 0 90 15	D2520 D2530 D2542 D2543 D2544 D2544 D2740 D2750 D2751 D2752 D2781 D2782 D2790 D2791 D2792 D2910 D2920 D2930 D2931 D2932 D2933 D2940 D2950 D2951	Inlay - Metallic - Two Surfaces Inlay - Metallic - Three or More Surfaces Onlay - Metallic - Two Surfaces Onlay - Metallic - Tree Surfaces Onlay - Metallic - Four or More Surfaces Onlay - Metallic - Four or More Surfaces Crown - Porcelain/Ceramic Substrate Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Noble Metal Crown - Porcelain Fused to Noble Metal Crown - 3/4 Cast High Noble Metal Crown - 3/4 Cast Predominantly Base Metal Crown - 3/4 Cast Noble Metal Crown - Full Cast Predominantly Base Metal Crown - Full Cast Noble Metal Crown - Full Cast Noble Metal Crown - Full Cast Noble Metal Recement Inlay Recement Crown Prefabricated Stainless Steel Crown - Primary Tooth Prefabricated Stainless Steel Crown - Permanent Tooth Prefabricated Resin Crown Prefabricated Stainless Steel Crown with Resin Window Sedative Filling Core Buildup, Including Any Pins Pin Retention - Per Tooth, In Addition to Restoration	235 235 285 285 365 355 285 345 355 285 345 355 285 345 0 0 60 60 70 130

	CIGNA Dental Care Pation		harge		
Code	Description	L1-05	Code	Description	L1R04
D6211	Pontic - Cast Predominantly Base Metal	335	D6211	Pontic - Cast Predominantly Base Metal	280
D6212	Pontic - Cast Noble Metal	360	D6212	Pontic - Cast Noble Metal	340
D6240 D6241	Pontic - Porcelain Fused to High Noble Metal Pontic - Porcelain Fused to Predominantly Base Metal	380 335	D6240 D6241	Pontic - Porcelain Fused to High Noble Metal Pontic - Porcelain Fused to Predominantly Base Metal	350 280
06242	Pontic - Porcelain Fused to Noble Metal	360	D6241	Pontic - Porcelain Fused to Noble Metal	340
06245	Pontic - Porcelain/Ceramic	375	D6245	Pontic - Porcelain/Ceramic	365
06602	Inlay - Cast High Noble Metal, Two Surfaces	380	D6602	Inlay - Cast High Noble Metal, Two Surfaces	235
D6603 D6604	Inlay - Cast High Noble Metal, Three or More Surfaces Inlay - Cast Predominantly Base Metal, Two Surfaces	380 335	D6603 D6604	Inlay - Cast High Noble Metal, Three or More Surfaces Inlay - Cast Predominantly Base Metal, Two Surfaces	235 235
	Inlay - Cast Predominantly Base Metal, Three or More			Inlay - Cast Predominantly Base Metal, Three or More	
D6605	Surfaces	335	D6605	Surfaces	235
D6606 D6607	Inlay - Cast Noble Metal, Two Surfaces	360 360	D6606 D6607	Inlay - Cast Noble Metal, Two Surfaces	235 235
D6610	Inlay - Cast Noble Metal, Three or More Surfaces Onlay - Cast High Noble Metal, Two Surfaces	380	D6610	Inlay - Cast Noble Metal, Three or More Surfaces Onlay - Cast High Noble Metal, Two Surfaces	285
D6611	Onlay - Cast High Noble Metal, Three or More Surfaces	380	D6611	Onlay - Cast High Noble Metal, Three or More Surfaces	285
06612	Onlay - Cast Predominantly Base Metal, Two Surfaces	335	D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces	285
06613	Onlay - Cast Predominantly Base Metal, Three or More Surfaces	335	D6613	Onlay - Cast Predominantly Base Metal, Three or More Surfaces	285
06614	Onlay - Cast Noble Metal, Two Surfaces	360	D6614	Onlay - Cast Noble Metal, Two Surfaces	285
06615	Onlay - Cast Noble Metal, Three or More Surfaces	360	D6615	Onlay - Cast Noble Metal, Three or More Surfaces	285
06740	Crown - Porcelain/Ceramic	415	D6740	Crown - Porcelain/Ceramic	365
D6750 D6751	Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal	380 335	D6750 D6751	Crown - Porcelain Fused to High Noble Metal Crown - Porcelain Fused to Predominantly Base Metal	355 285
06752	Crown - Porcelain Fused to Noble Metal	360	D6752	Crown - Porcelain Fused to Noble Metal	345
D6780	Crown - 3/4 Cast High Noble Metal	380	D6780	Crown - 3/4 Cast High Noble Metal	355
06781	Crown - 3/4 Cast Predominantly Base Metal	335	D6781	Crown - 3/4 Cast Predominantly Base Metal	285
D6782 D6790	Crown - 3/4 Cast Noble Metal Crown - Full Cast High Noble Metal	360 380	D6782 D6790	Crown - 3/4 Cast Noble Metal Crown - Full Cast High Noble Metal	345 355
D6791	Crown - Full Cast Predominantly Base Metal	335	D6791	Crown - Full Cast Predominantly Base Metal	285
D6792	Crown - Full Cast Noble Metal	360	D6792	Crown - Full Cast Noble Metal	345
_	Complex Rehabilitation - ADDITIONAL CHARGE PER UNIT FOR MULTIPLE			Complex Rehabilitation - ADDITIONAL CHARGE PER UNIT FOR MULTIPLE	
	CROWN UNITS/COMPLEX REHABILITATION (6 OR MORE			CROWN UNITS/COMPLEX REHABILITATION (6 OR MORE	
	UNITS OF CROWN AND/OR BRIDGE IN SAME	125		UNITS OF CROWN AND/OR BRIDGE IN SAME	125
	TREATMENT PLAN REQUIRES COMPLEX			TREATMENT PLAN REQUIRES COMPLEX	
	REHABILITATION FOR EACH UNIT - ASK YOUR DENTIST			REHABILITATION FOR EACH UNIT - ASK YOUR DENTIST	
D6930	FOR THE GUIDELINES) Recement Fixed Partial Denture	0	D6930	FOR THE GUIDELINES) Recement Fixed Partial Denture	0
	TICS (Root Canal Treatment, Excluding Final Restor			TICS (Root Canal Treatment, Excluding Final Resto	
D3110	Pulp Cap - Direct (Excluding Final Restoration)	0	D3110	Pulp Cap - Direct (Excluding Final Restoration)	0
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0	D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0
	Therapeutic Pulpotomy (Excluding Final Restoration)-			Therapeutic Pulpotomy (Excluding Final Restoration)-	
D3220	Removal of Pulp Coronal to the Dentinocemental Junction	62	D3220	Removal of Pulp Coronal to the Dentinocemental Junction	65
	and Application of Medicament			and Application of Medicament	
D3221	Pulpal Debridement, Primary and Permanent Teeth (Not to	58	D3221	Pulpal Debridement, Primary and Permanent Teeth (Not to	65
	be Used by Provider Completing Endodontic Treatment)			be Used by Provider Completing Endodontic Treatment)	
D3310	Anterior Root Canal (Permanent Tooth) (Excluding Final Restoration)	210	D3310	Anterior Root Canal (Permanent Tooth) (Excluding Final Restoration)	125
	Bicuspid Root Canal (Permanent Tooth) (Excluding Final			Bicuspid Root Canal (Permanent Tooth) (Excluding Final	
D3320	Restoration)	245	D3320	Restoration)	215
D3330	Molar Root Canal (Permanent Tooth) (Excluding Final	335	D3330	Molar Root Canal (Permanent Tooth) (Excluding Final	305
D3330	Restoration)	333	D3330	Restoration)	300
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	90	D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	65
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured	90	D3332	Incomplete Endodontic Therapy; Inoperable or Fractured	65
	Tooth			Tooth	
D3333 D3346	Internal Root Repair of Perforation Defects Retreatment of Previous Root Canal Therapy - Anterior	90 280	D3333 D3346	Internal Root Repair of Perforation Defects Retreatment of Previous Root Canal Therapy - Anterior	65 145
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	320	D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	250
D3348	Retreatment of Previous Root Canal Therapy - Molar	400	D3348	Retreatment of Previous Root Canal Therapy - Molar	365
D3410	Apicoectomy/Periradicular Surgery - Anterior	250	D3410	Apicoectomy/Periradicular Surgery - Anterior	175
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	250	D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	175
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	250	D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	175
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	100	D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	100
				* * * * * * * * * * * * * * * * * * * *	
D3430 Retrograde Filling - Per Root PERIODONTICS (Treatment of Supporting Tissues [Gum and Bone] of the Teeth)		65	PERIODON Bonel of the	Retrograde Filling - Per Root TICS (Treatment of Supporting Tissues [Gum and ne Teeth)	35
D0180	Comprehensive Periodontal Evaluation - New or Established	40	D0180	Comprehensive Periodontal Evaluation - New or Established	40
D0100	Patient	40	D0100	Patient	40
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	160	D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	135
D4211	Gingivectomy or Gingivoplasty - One to Three Teeth, Per	71	D4211	Gingivectomy or Gingivoplasty - One to Three Teeth, Per	60
	Quadrant Gingival Flap Procedure, Including Root Planing - Four or		-	Quadrant Gingival Flap Procedure, Including Root Planing - Four or	-
D4240	More Contiguous Teeth or Bounded Teeth Spaces Per	205	D4240	More Contiguous Teeth or Bounded Teeth Spaces Per	160
	Quadrant			Quadrant	
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Teeth, Per Quadrant	105	D4241	Gingival Flap Procedure, Including Root Planing - One to Three Teeth, Per Quadrant	80
D4245	Apically Positioned Flap	205	D4245	Apically Positioned Flap	160
D4249	Clinical Crown Lengthening - Hard Tissue	230	D4249	Clinical Crown Lengthening - Hard Tissue	135
D4260	Osseous Surgery - Including Flap Entry and Closure -Four or	205	D4260	Osseous Surgery - Including Flap Entry and Closure -Four or	
D4260	More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	395	D4260	More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	395
D4261	Osseous Surgery - Including Flap Entry and Closure -One to	200	D4261	Osseous Surgery - Including Flap Entry and Closure -One to	165/235
D4261	Three Teeth, Per Quadrant	200	D4261	Three Teeth, Per Quadrant	
D4263	Bone Replacement Graft - First Site in Quadrant	225	D4263	Bone Replacement Graft - First Site in Quadrant	225
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	175	D4264	Bone Replacement Graft - Each Additional Site in Quadrant	175
D4266	Cuided Tiesus Deservation D. 111 D. 1 D. C.	305	D4266	Cuided Tiesus Dears and the Dear Dear Dear Dear Dear Dear Dear Dea	205
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	295	D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	295
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site	335	D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site	335
04270	(Includes Membrane Removal) Pedicle Soft Tissue Graft Procedure	280	D4270	(Includes Membrane Removal) Pedicle Soft Tissue Graft Procedure	225
		200	D42/U	Free Soft Tissue Graft Procedure Free Soft Tissue Graft Procedure (Including Donor Site	223
	Free Soft Tissue Graft Procedure (Including Donor Site			Free Soft 1188ue Graft Frocedure (Including 170110) Sife	
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	280	D4271	Surgery)	225

December		CIGNA Dental Care Pation		harge		
Contiguors Tech to Bounded Feel Spores Per-Conduct famil Configuration per Connective 12 Monathor Amendential Scaling and Board Distance Once Three Tech, Monathor Amendential Scaling and Board Distance Once Onter Tech, Monathor Amendential Scaling and Board Distance Once Onter Tech, Monathor Amendential Scaling and Board Distance Once Onter Tech, Monathor Amended Monathor Detailed Control of the State of State Once Once Once Once Once Once Once Onc	Code					L1R04
Distance of the process of the proce	D4341	Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	80	D4341	Contiguous Teeth or Bounded Teeth Spaces Per Quadrant (Limit 4 Quadrants per Consecutive 12 Months)	60
Publishment Publishment to translet Comprehensive Secretary and Desgoods Fig. Helitation Publishment P	D4342	Per Quadrant (Limit 4 Quadrants per Consecutive 12	40	D4342	Per Quadrant (Limit 4 Quadrants per Consecutive 12	25/35
D4381 Controlled Bekeins Vehicle for Deseard Circycolar Tissue, by Pertain by Pertain by Pertain by Pertain of Within the Paris 1 Pertain of Within the Pari	D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis (1 Per Lifetime)	55	D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis (1 Per Lifetime)	60
Months After Active Therapy Months After Active Therapy	D4381	Controlled Release Vehicle Into Diseased Crevicular Tissue,	60	D4381	Controlled Release Vehicle Into Diseased Crevicular Tissue,	60
December	D4910	· ·	50	D4910	Periodontal Maintenance (Limit of 2 Within the First 12 Months After Active Therapy)	45
Proposition		Occlusal Guard - By Report			Occlusal Guard - By Report	155
PROSTHETICS (Removable Tooth Replacement - Dentures) (Includes Up to 4 Adjustments Within Frist 8 Months After insertion - Replacement Limit 12 very 9 Years) 1511					,	40 120
Description Complete Denture - Mandibular September Septem	(Includes U Insertion - F	p to 4 Adjustments Within First 6 Months After Replacement Limit 1 Every 5 Years)		(Includes l Insertion -	Jp to 4 Adjustments Within First 6 Months After Replacement Limit 1 Every 5 Years)	
Immediate Penture - Manifolium 420 05130 Immediate Penture - Manifolium 420 05140 Immediate Penture - Manifolium 420 05140 05140 05141 Manifolium 420 05141 Manifolium 420 05140 0						320 320
Description of the process of the pr	D5130	Immediate Denture - Maxillary	420	D5130	Immediate Denture - Maxillary	320
Conventional Claspe, Rests and Teeth Supplementary Supplementary Conventional Claspe, Rests and Teeth Conventional Claspe, Rests and Teeth Conventional Claspe, Rests and Teeth Supplementary Supplementar						320
Section	J5211	Conventional Clasps, Rests and Teeth)	310	D5211	Conventional Clasps, Rests and Teeth)	290
Masultary Partial Denture - Cast Metal Framework with Relation Denture Research Challed and New York (Control of Section 2014). Seeks and Techn Research Relation of Section 2014. Seeks and Techn Research Relation of Section 2014. Seeks and Techn Research Relation Research Relation	D5212	, , ,	310	D5212	, , ,	290
Mandibular Partial Denture - Cast Metal Framework with Resin Denture Base (Including any Commentional Clasps, Rest and Teeth) Sett and Teeth) Adjust Complete Denture - Maxillary 25 D5410 Adjust Complete Denture - Maxillary 28 D5411 Adjust Complete Denture - Maxillary 29 D5412 Adjust Earliad Denture - Mandibular 29 D5422 Adjust Partial Denture - Mandibular 29 D5520 Tooth) Sepait Booken Complete Denture Base Social Tooth Sepait Resin Denture Base Social Tooth Social Repair Resin Denture Base Social Tooth Social Repair Resin Denture Base Social Resin Denture Base Social Respirate Residen Residual Denture Social Respirate Residual Denture Social Residual Residual Denture Social Residual Residual Denture Social Residual Residual Denture Social Residual Residual Denture (Chainside) Social Residual Residual Denture (Chainside) Social Residual Residual Penture (Chainside) Social Residual Residual Denture (Chainside) Social Residual Residual Residual Tooth Residual Tooth Residual Res	D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps,	485	D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps,	360
District	D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps,	485	D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps,	360
D5412 Adjust Partial Denture - Mandibular D5422 Adjust Partial Denture - Mandibular D5423 Adjust Partial Denture - Mandibular D5424 Adjust Partial Denture - Mandibular D5425 Repair Boken Complete Denture Base D5430 Repair Boken Complete Denture Base D5430 Repair Boken Complete Denture Base D5430 Repair Boken Feeth - Complete Denture G7 Tooth) D5410 Repair Resin Denture Base D5430 Repair Resin Denture Base D5440 Repair Boken Techn - Complete Denture G1 D5431 Resince Standard Residual Denture D5430 Add Clasp to Existing Partial Denture D5430 Repair Resin Denture Base D5430 Residual Residual Denture Calabration D5431 Resince Complete Mandibular Denture Calabration D5430 Resince Complete Mandibular Denture Calabration D5431 Resince Complete Mandibular Denture Calabration D5431 Resince Mandibular Denture (Laboratory) D5440 Resince Mandibular Denture (Laboratory) D5440 Resince Mandibular Denture (Laboratory) D5450 Resince Complete Mandibular Denture (Laboratory) D5450 Resince Complete Mandibular Denture (Laboratory) D5450 Resince Mandibular Denture (Laboratory) D5540 Resince Mandibular Denture (Laboratory) D5450 Resince Complete Mandibular Denture (Laboratory) D5450 Resince Mandibular Dentur	D5410		25	D5410		15
Description	D5411	Adjust Complete Denture - Mandibular	25	D5411	Adjust Complete Denture - Mandibular	15
REPAIRS TO PROSTHETICS Repair Broken Complete Denture Base 50 555						15 15
Replace Missing or Broken Teeth - Complete Denture (Each Tooth) So D\$520 Tooth)		. ,			• ,	10
Description	D5510		50	D5510		50
D5610 Repair Resin Denture Base 50 D5610 Repair Resin Denture Base D5680 Repair or Replace Broken Clasp 65 D5630 Repair or Replace Broken Clasp D5640 Replace Broken Teeth - Per Tooth 50 D5640 Replace Broken Teeth - Per Tooth D5660 Add Tooth to Existing Partial Denture 50 D5650 Add Tooth to Team of Teeth - Per Tooth D5660 Add Tooth to Team of Teeth - Per Tooth D5660 Add Tooth to Team of Teeth - Per Tooth D5660 Add Clasp to Existing Partial Denture D5660 Add Clasp to Existing Partial Denture D5660 Add Clasp to Existing Partial Denture D5711 Rebase Complete Maxillary Denture D5711 Rebase Complete Maxillary Denture D5720 Rebase Mandibular Denture D5720 Rebase Mandibular Partial Denture D5720 Rebase Mandibular Partial Denture D5720 Rebase Mandibular Partial Denture D5721 Rebase Mandibular Partial Denture (Chairside) R5721 Rebase Mandibular Denture (Chairside) R5731 Reline Complete Maxillary Partial Denture (Chairside) R5731 Reline Complete Maxillary Partial Denture (Chairside) R5731 Reline Mandibular Denture (Chairside) R5741 R	D5520		50	D5520		50
Dis-690		Repair Resin Denture Base			Repair Resin Denture Base	50
D8560 Add Tooth to Existing Partial Denture 65 D8660 Add Clasp to Existing Partial Denture 65 D8660 Add Clasp to Existing Partial Denture 65 D8660 Add Clasp to Existing Partial Denture DENTURE RELINING (Limit 1 Every 36 Months)					· · · · · · · · · · · · · · · · · · ·	50 50
DENTURE RELINING (Limit 1 Every 36 Months) DENTURE RELINING (Limit 1 Every 36 Months) DENTURE RELINING (Limit 1 Every 36 Months) DEST/10 Rebase Complete Maxillary Denture 150 DS7/10 Rebase Complete Maxillary Denture 150 DS7/20 Rebase Mandbular Partial Denture (Chairside) 85 DS7/30 Reline Complete Maxillary Denture (Chairside) 85 DS7/30 Reline Maxillary Partial Denture (Chairside) 85 DS7/30 Reline Maxillary Partial Denture (Chairside) 85 DS7/31 Reline Maxillary Partial Denture (Chairside) 85 DS7/30 Reline Complete Maxillary Denture (Laboratory) 130 DS7/30 Reline Partial Maxillary Denture (Laboratory) 130 DS7/30 Reline Partial Maxillary Denture (Laboratory) 130 DS7/40 Reline Partial Maxillary Denture (Laboratory) DS8/40 Reline Partial Maxillary 180 DS8/40 Reline Partial Maxillary 180 DS8/40 Reline Partial Maxillary Denture (Laboratory) Reline Partial Maxillary 180 DS7/40 Reline Partial Maxillary 180 DS8/40 Reline Partial	D5650	Add Tooth to Existing Partial Denture	50	D5650	Add Tooth to Existing Partial Denture	50
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DS761 Reline Partial Mandibular Denture (Laboratory) 130 D5761 Reline Partial Mandibular Denture (Laboratory)	D5751	Reline Complete Mandibular Denture (Laboratory)		D5751	Reline Complete Mandibular Denture (Laboratory)	105
Interim Complete Denture (Maxillary) 220 D5810 Interim Complete Denture (Maxillary) 220 D5811 Interim Complete Denture (Maxillary) D5820 Interim Partial Denture - (Maxillary) D5820 Interim Partial Denture - (Maxillary) D5820 Interim Partial Denture - (Maxillary) D5821 D58						105 105
DS810 Interim Complete Denture (Maxillary) DS811 Interim Complete Denture (Maxillary) DS811 Interim Complete Denture (Maxillary) 180 DS820 Interim Partial Denture - (Maxillary) 180 DS820 Interim Partial Denture - (Maxillary) 180 DS821 Interim Partial Denture - (Maxillary) DS821 DS821 DS822 Interim Partial Denture - (Maxillary) DS821 DS822			130		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	103
DS820 Interim Partial Denture - (Maxillary) DS821 DS822 DS82			220			155
Interim Partial Denture - (Mandibular) 180 D5821 Interim Partial Denture - (Mandibular)						155 125
D7111 Coronal Remnants - Deciduous Tooth 5 D7111 Coronal Remnants - Deciduous Tooth						125
D7140 replaces D7110/D7120/D7130 per CDT4 2003 D7140 Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal) D7210 Surgical Extraction Erupted Tooth Surgical Removal of Impacted Tooth - (Not Covered Unless Pathology (Disease) Exists). Surgical removal of wisdom tooth/3rd molar for orthodontic reasons only is not covered. D7220 Removal of Impacted Tooth - Soft Tissue D7230 Removal of Impacted Tooth - Soft Tissue D7240 Removal of Impacted Tooth - Completely Bony D7241 Removal of Impacted Tooth - Completely Bony D7241 Unusual Surgical Complications D7250 Surgical Removal of Residual Tooth Roots (Cutting Procedure) D7260 Oroantral Fistula Closure D7261 Primary Closure of a Sinus Perforation D7270 Tooth Reimplantation and/or stabilization of accidentally evalued or displaced tooth D7280 Surgical Exposure of Impacted Tooth (Excluding Wisdom Teeth) D7281 Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption D7280 Not allowed when in conjunction with another surgical procedure) D7285 Not allowed when in conjunction with another surgical procedure) D7286 Not allowed when in conjunction with another surgical procedure) D7286 Not allowed when in conjunction with another surgical procedure) D7286 Not allowed when in conjunction with another surgical procedure) D7287 Not allowed when in conjunction with another surgical procedure) D7288 Not allowed when in conjunction with another surgical procedure) D7288 Not allowed when in conjunction with another surgical procedure) D7288 Not allowed when in conjunction with another surgical procedure) D7289 Not allowed when in conjunction with another surgical procedure) D7280 Not allowed when in conjunction with another surgical procedure) D7280 Not allowed when in conjunction with another surgical procedure) D7280 Not allowed when in conjunction with another surgical procedure or D71	ORAL SUR	GERY (Includes Routine Post-Operative Treatment))	ORAL SUR	RGERY (Includes Routine Post-Operative Treatment))
Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal) D7210 Surgical Extraction Erupted Tooth	D7111		5	D7111		0
D7140 and/or Forceps Removal) and/or Forceps Removal) and/or Forceps Removal) and/or Forceps Removal						
Surgical Removal of Impacted Tooth - (Not Covered Unless Pathology [Disease] Exists). Surgical removal of wisdom tooth/3rd molar for orthodontic reasons only is not covered. D7220 Removal of Impacted Tooth - Soft Tissue D7230 Removal of Impacted Tooth - Partially Bony D7240 Removal of Impacted Tooth - Partially Bony D7240 Removal of Impacted Tooth - Completely Bony D7240 Removal of Impacted Tooth - Completely Bony D7241 Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications D7250 Surgical Removal of Residual Tooth Roots (Cutting Procedure) D7260 Oroantral Fistula Closure D7261 Primary Closure of a Sinus Perforation D7270 Tooth Reimplantation and/or stabilization of accidentally evulsed or displaced tooth D7280 Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth) D7281 Surgical Exposure of Impacted Tooth (Excluding Wisdom Teeth) D7281 Not allowed when in conjunction with another surgical procedure) D7285 Not allowed when in conjunction with another surgical procedure) D7286 Not allowed when in conjunction with another surgical		and/or Forceps Removal)			and/or Forceps Removal)	0
[Disease] Exists). Surgical removal of wisdom tooth/3rd molar for orthodontic reasons only is not covered. [Disease] Exists). Surgical removal of wisdom tooth/3rd molar for orthodontic reasons only is not covered.			65		•	60
D7230 Removal of Impacted Tooth - Partially Bony 95 D7230 Removal of Impacted Tooth - Partially Bony D7240 Removal of Impacted Tooth - Completely Bony D7241 Removal of Impacted Tooth - Completely Bony D7241 D7241 D7241 Removal of Impacted Tooth - Completely Bony D7241 D7241 Removal of Impacted Tooth - Completely Bony Removal of Impacted Tooth - Completely Bony D7241	•	Exists). Surgical removal of wisdom tooth/3rd molar for		_	Exists). Surgical removal of wisdom tooth/3rd molar for	
D7240 Removal of Impacted Tooth - Completely Bony D7240 Removal of Impacted Tooth - Completely Bony D7241 D7241 D7241 Removal of Impacted Tooth - Completely Bony D7241 D7241 Removal of Impacted Tooth - Completely Bony Removal of Impacted Tooth - Completely Bony With Unusual Surgical Complications D7241 Unusual Surgical Complications Surgical Removal of Residual Tooth Roots (Cutting Procedure) D7250						45
Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications 140 D7241 Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications Surgical Removal of Residual Tooth Roots (Cutting Procedure) 65 D7250 Surgical Removal of Residual Tooth Roots (Cutting Procedure) D7260 Oroantral Fistula Closure D7261 Primary Closure of a Sinus Perforation D7261 Primary Closure of a Sinus Perforation D7270 Tooth Reimplantation and/or stabilization of accidentally evulsed or displaced tooth D7270 Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth) D7281 Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption D7281 Surgical Exposure of Impacted or Unerupted Tooth (Tooth Related - Not allowed when in conjunction with another surgical procedure) D7285 Not allowed when in conjunction with another surgical procedure) D7285 D7285 Not allowed when in conjunction with another surgical procedure) D7286 D7287 D7288 D						85 125
Dr250 Surgical Removal of Residual Tooth Roots (Cutting Procedure) Dr250 Oroantral Fistula Closure Dr260 Oroantral Fistula Closure Dr261 Primary Closure of a Sinus Perforation Dr270 Tooth Reimplantation and/or stabilization of accidentally evulsed or displaced tooth Dr280 Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth) Dr281 Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption Biopsy of Oral Tissue - Hard (Bone, Tooth) (Tooth Related - Not allowed when in conjunction with another surgical procedure) Dr285 Surgical Removal of Residual Tooth Roots (Cutting Procedure) Dr260 Oroantral Fistula Closure Dr260 Primary Closure of a Sinus Perforation Dr270 Tooth Reimplantation and/or stabilization of accidental evulsed or displaced tooth Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth) Dr280 Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption Biopsy of Oral Tissue - Hard (Bone, Tooth) (Tooth Related - Not allowed when in conjunction with another surgical procedure) Dr285 Not allowed when in conjunction with another surgical procedure)		Removal of Impacted Tooth - Completely Bony, With			Removal of Impacted Tooth - Completely Bony, With	125
Procedure Proc	27250	Surgical Removal of Residual Tooth Roots (Cutting				60
Primary Closure of a Sinus Perforation 140 D7261 Primary Closure of a Sinus Perforation Tooth Reimplantation and/or stabilization of accidentally evulsed or displaced tooth D7270 Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth) D7280 Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption D7281 Single Sing		Procedure)			Procedure)	60 140
evulsed or displaced tooth D7280 Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth) D7281 Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption D7285 Not allowed when in conjunction with another surgical procedure) D7286 Evulsed or displaced tooth D7280 Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth) D7280 Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption D7281 Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption D7281 Biopsy of Oral Tissue - Hard (Bone, Tooth) (Tooth Related - Not allowed when in conjunction with another surgical procedure)		Primary Closure of a Sinus Perforation				140
Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth) D7280 Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth) D7281 Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption D7281 Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption D7281 Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption Biopsy of Oral Tissue - Hard (Bone, Tooth) (Tooth Related - Not allowed when in conjunction with another surgical procedure) D7285 D7285 Not allowed when in conjunction with another surgical procedure)	D7270	,	0	D7270	Tooth Reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0
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Biopsy of Oral Tissue - Hard (Bone, Tooth) (Tooth Related - Not allowed when in conjunction with another surgical procedure) Biopsy of Oral Tissue - Hard (Bone, Tooth) (Tooth Related - Not allowed when in conjunction with another surgical procedure) Biopsy of Oral Tissue - Hard (Bone, Tooth) (Tooth Related - Not allowed when in conjunction with another surgical procedure)		Surgical Exposure of Impacted or Unerupted Tooth to Aid			Surgical Exposure of Impacted or Unerupted Tooth to Aid	0
	D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth) (Tooth Related - Not allowed when in conjunction with another surgical	95	D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth) (Tooth Related - Not allowed when in conjunction with another surgical	95
D7286 allowed when in conjunction with another surgical 75 D7286 allowed when in conjunction with another surgical	D7286	Biopsy of Oral Tissue - Soft (All Others) (Tooth Related - Not		D7286	Biopsy of Oral Tissue - Soft (All Others) (Tooth Related - Not allowed when in conjunction with another surgical	75
procedure) procedure) D7310 Alveoplasty in Conjunction with Extractions - Per Quadrant 65 D7310 Alveoplasty in Conjunction with Extractions - Per Quadrant	D7310	ĺ	65	D7310	procedure) Alveoplasty in Conjunction with Extractions - Per Quadrant	65

	CIGNA Dental Care Patio		harge		
Code	Description	L1-05	Code	Description	L1R04
D7320	Alveoplasty Not in Conjunction with Extractions - Per Quadrant	85	D7320	Alveoplasty Not in Conjunction with Extractions - Per Quadrant	85
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25cm	0	D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25cm	0
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25cm	0	D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25cm	0
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	0	D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	0
D7472	Removal of Torus Palatinus	0	D7472	Removal of Torus Palatinus	0
D7473	Removal of Torus Mandibularis	0	D7473	Removal of Torus Mandibularis	0
D7485	Surgical Reduction of Osseous Tuberosity	85	D7485	Surgical Reduction of Osseous Tuberosity	85
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	0	D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	0
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate procedure	0	D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate procedure	0
ORTHODO	NTICS (Tooth Movement)		ORTHODO	NTICS (Tooth Movement)	
D8660	Pre-Orthodontic Treatment Visit	50	D8660	Pre-Orthodontic Treatment Visit	40
	Unspecified Orthodontic Procedure, By Report (Orthodontic			Unspecified Orthodontic Procedure, By Report (Orthodontic	
D8999	Treatment Plan and Records)	150	D8999	Treatment Plan and Records)	150
D8050	Interceptive Orthodontic Treatment of the Primary Dentition (Banding)	375	D8050	Interceptive Orthodontic Treatment of the Primary Dentition (Banding)	275
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition (Banding)	375	D8060	Interceptive Orthodontic Treatment of the Transitional Dentition (Banding)	275
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition (Banding)	400	D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition (Banding)	300
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (Banding)	400	D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (Banding)	300
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (Banding)	400	D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (Banding)	300
	ntic Treatment (Maximum lifetime benefit of 24 months of eptive and/or comprehensive treatment) - can include:		Orthodontic Treatment (Maximum lifetime benefit of 24 months of interceptive and/or comprehensive treatment) - can include:		
D0 670			D0670		
D8670	Periodic Orthodontic Treatment Visit (As Part of Contract) Children (Up to 19th Birthday)	1800	D8670	Periodic Orthodontic Treatment Visit (As Part of Contract) Children (Up to 19th Birthday)	1700
	Adults	2400		Adults	2300
Atypical	cases or cases beyond 24 months require an additional payment by the patient.		Atypical	cases or cases beyond 24 months require an additional payment by the patient.	
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	300	D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	300
a periodon	nesthesia/IV Sedation - covered when performed by tist or oral surgeon when medically necessary for ocedures listed on the Patient Charge Schedule.		a periodon	nesthesia/IV Sedation - covered when performed by tist or oral surgeon when medically necessary for cocedures listed on the Patient Charge Schedule.	
D9220	Deep Sedation/General Anesthesia - First 30 Minutes (Limited to a Maximum of 1 Hour)	130	D9220	Deep Sedation/General Anesthesia - First 30 Minutes (Limited to a Maximum of 1 Hour)	115
D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes (Limited to a Maximum of 1 Hour)	65	D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes (Limited to a Maximum of 1 Hour)	60
D9241	Intravenous Conscious Sedation/Analgesia - First 30 Minutes (Limited to a Maximum of 1 Hour)	130	D9241	Intravenous Conscious Sedation/Analgesia - First 30 Minutes (Limited to a Maximum of 1 Hour)	115
D9242	Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes (Limited to a Maximum of 1 Hour)	65	D9242	Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes (Limited to a Maximum of 1 Hour)	60
EMERGEN	CY SERVICES		EMERGEN	CY SERVICES	•
				***=*	
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	0	D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	0

 $In \ case \ of \ any \ discrepancy \ between \ these \ CIGNA \ Dental \ Care \ patient \ charges \ and \ the \ actual \ Patient \ Charge \ Schedule \ (PCS), \ the \ PCS \ will \ prevail.$

Different Codes may be used to describe these covered procedures.

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